


2008 LIMITED PARTNERSHIP REINSTATEMENT

DOCUMENT # A95000002050

1. Entry Name
CARRIER GROUP, LTD.



FILED
08 DEC 23 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

~~4208 N. 31ST AVENUE~~ ~~4208 N. 31ST AVENUE~~
~~#1~~ ~~#1~~
~~HOLLYWOOD, FL 33021~~ ~~HOLLYWOOD, FL 33021~~



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

1640 N. 69th WAY 1640 N. 69th WAY

Suite, Apt. #, etc. Suite, Apt. #, etc.

12222008 REIN-LP CR2E100 (1/07)

City & State City & State

Hollywood FL Hollywood FL

Zip Country Zip Country

33024 33024 FL Zip Code

4. FEI Number Applied For

65-0649233 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DANIELS, NICHOLAS M
ONE SE 3RD AVE., STE. 2400
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

8. Pursuant to the provisions of section 620 1810 or 620 1909, Florida Statutes, I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of Chapter 620, Florida Statutes

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (REGISTERED AGENT MUST SIGN)

FILE NOW!!! FEE IS \$500.00
After January 1, 2009, Fee will be \$1000.00

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	P95000097020
NAME	GCA NOR-CAR, INC.
STREET ADDRESS	4208 N. 31ST AVENUE #1
CITY-ST-ZIP	HOLLYWOOD, FL 33021
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	1640 N. 69th WAY
CITY-ST-ZIP	Hollywood FL 33024
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	800139242058
CITY-ST-ZIP	12/23/08--01023--009 **508.75
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

REINSTATEMENT 08

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: Amy Carrier AMY CARRIER 12/22/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #